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NOTES AND ABSTRACTS

ANTHROPOLOGY—PSYCHOLOGY—LEGAL MEDICINE

The Physical Examination of Prisoners on Admission to Prison.—

At this time, when prison problems are much in the public mind, and are being discussed in terms of mental efficiency or feeble mindedness; when Binet-Simon tests, point scale examinations, and intelligence quotients seem to be signs of modern prison progress, and the *sine qua non* of juvenile delinquent reformation, a consideration of the physical fitness of the adult delinquent may seem like a reversion to the archaic. But a normal mind requires a healthy body to attain its highest efficiency. How necessary, then, in studying the individual delinquent, that we should endeavor to obtain the physical health survey as well as the intelligence quotient.

While many investigators of prison problems have been dazzled by the opening up of a bright vista, in our recently acquired knowledge of methods for sorting out the feeble-minded, the prison physician cannot lose sight of the other, the physical side of the problem, which offers considerable incentive from the fact that, while feeble-mindedness cannot be cured, physical health may be restored.

Object. The object of our examinations at Auburn, aside from the outlining of individual treatment, has been twofold.

1st. To determine, as accurately as possible for statistical purposes, the actual physical condition of the convicted men at the time of their admission to prison.

2nd. To obtain an idea of the amount of the medical and surgical treatment that would be required to restore these men to the most efficient healthful conditions.

Scope. It is not a complete medical survey of the prison population, but is limited to those admitted during one single year, and does not include those who are already present. Nor does it represent the total amount of medical and surgical work that is required of the medical staff, since it does not comprise the illnesses, injuries, or pathological conditions that arise after these men have been admitted. Indeed, it would be almost impossible to make a complete medical and surgical survey of a population that is constantly fluctuating, as at this institution, where the number arriving during the year exceeded one thousand, and the number departing approximated nearly that figure.

Basis. The basis of this compilation is the records obtained in the routine entrance physical examinations of all inmates admitted to Auburn Prison during the fiscal year of October 1, 1914, to September 30, 1915. This includes not only the men admitted directly from the courts, but also those transferred from other prisons and reformatories as well as those returned for violation of parole or previous escape. During the year there were 1,025 admissions, as follows:

From State Courts.....	364	36	per cent.
From Sing Sing Prison.....	593	58	per cent.
From Clinton Prison.....	33	3.5	per cent.
From violation of parole.....	30	3	per cent.
From escape	2		
From Elmira Reformatory.....	1		
From Dannemora State Hospital.....	1		
From Great Meadow Prison.....	1		

Total 1,025

Time of examinations. These examinations are made within a day or two after admission, often on the same day, though on the occasion of a large draft from another prison, which may consist of as many as fifty or sixty men, a week or ten days may elapse before the completion of the examinations.

Method. The routine examination is comprehensive and as complete as the usual insurance examination given at a physician's office. The outline of the examination is as follows:

1. General inspection.

2. Stigmata of degeneracy.

3. Alimentary system.

4. Respiratory system.

5. Circulatory system.

6. Genitourinary system.

7. Cutaneous system.

8. Glandular system.
9. Nervous system.

A. General.

B. Special senses.

1. Eyes.

2. Ears.

10. Articular and muscular.

11. Deformities.

The patient is stripped, first to the waist, then later completely, so that direct inspection and examination may be made of the whole body. Uranalysis, hemoglobin estimations, examination of blood and pus stains, blood counts, and other tests that can be rapidly performed are made at once, as indicated, to complete the initial examination. Simple interrogation alone is never depended upon for any part of the examination, but is accompanied by inspection and other forms of inquiry as may seem necessary, to determine any pathological condition. Of course, no assertion is made of absolute accuracy of diagnoses, since many of those admitted require further observation to determine their exact condition, so that the tabulations represent the conditions presented to the examiner on the first examination. This series of examinations has been made by one and the same examiner.

Place. The routine examinations have all been made in the privacy of the physician's office, no one else being present except the physician's clerical or laboratory assistant.

Examiner. The examiner is the prison physician who has been making similar examinations for nearly ten years.

Character of subjects. Those examined are all male adults, ranging in age from eighteen to over eighty years, sentenced for a wide variety of crimes; comprising all classes, from the accidental first term criminal to the recidivist of deliberate choice; representing nearly all occupations, races, and religions, and grading mentally from the medium grade imbecile to those capable of conducting a business or practicing a profession.

Method of classification. As a result of the examinations, the subjects have been graded into three groups, according to the state of health, good, fair, or poor. Such classifications are not made from the medical standpoint purely, but represent working ability as related to the institution, but not necessarily corresponding to their previous mode of living or occupation before admission to prison. Such classification is admittedly arbitrary, but useful as well as necessary.

Total number admitted.....	1,025	
Those in good health.....	800	78 per cent.
Those in fair health.....	147	14 per cent.
Those in poor health.....	70	8 per cent.
	1,017	
Not examined because of early transfer to another institution	8	

SUMMARY OF DEFECTS FOUND

	Good.	Fair.	Poor.	Total.
Alimentary system	1,022	222	130	1,374
Respiratory system	942	235	122	1,299
Circulatory system	98	83	43	224
Genitourinary system	63	38	24	125
Cutaneous system	92	17	23	132
Glandular system	571	116	55	742
Nervous system:				
General	54	19	18	91
Eyes	332	83	29	444
Ears	108	18	11	137
Articular and muscular	194	50	21	265
Deformities	36	10	12	58
Total	3,512	891	488	4,891

Summary of Number of Operations Needed.

Alimentary system	148
Respiratory system	416
Genitourinary system	45
Cutaneous system	7
Glandular system	50
Nervous system—general	3
Nervous system—special senses, eyes.....	37
Nervous system—special senses, ears.....	25
Articular and muscular systems.....	2
Deformities	1
Total	734

The foregoing lists, it will be observed, do not include dental work, of which there is a vast amount indicated, as over half of the total number of men admitted had carious teeth; nor do they include refraction and fitting of glasses for at least 200 prisoners.

CONCLUSIONS.

1. The solution of the medical problem of the prison lies, to a great extent, in the recognition and treatment of pathological conditions at the time of admission of each inmate.

2. The medical staff of the prison, consisting of only two physicians, is much too small to take care of this immense amount of work. As a matter of fact, a staff of two is inadequate to perform a major operation.

3. There should be provided an adequate general medical and surgical staff, as well as specialists in the various branches.

4. This work could best be accomplished through a central clearing house to which all prisoners should first be committed for individual examination, study, diagnosis, and treatment, before being assigned to any particular institution.—Abstracted from article by Dr. Frank L. Heacox of Auburn Prison in *New York Medical Journal*, Jan. 13, 1917. Copyrighted by the A. R. Elliott Pub. Co.

Syphilis a Factor In Cause of Insanity.—Although the state of California cared for 10,331 insane patients during 1916, providing them with the very best of care, there is almost nothing done in the prevention of insanity. The insane in California receive the best of care. This is certainly as it should be, for these unfortunates are entitled to the very best of treatment. While